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| PATENT APPLICATI | PATENT | ٨ | PPY | 10 | ATI | IÓN |
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| DECLARATION AND POWER O | PATTORNEX | APTY. DOCKE  | T.NO.:NM-120825(CENIS808)  |
|-------------------------|-----------|--|--|
| FOR PATENT APPLICATION  |           | Carlotte Carlotte Commission Carlotte Commission   | The major of the state of the s |
|                         |           | The state of the s |  |

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plus are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## METHOD AND APPARATUS FOR MANAGING WORKFLOW IN PRESCRIBING AND PROCESSING MEDICAL IMAGES

| the specifica  | ation of which is   | attached hereto unless the follo-  | wing box is checked:  |  |  |  |  |
|----------------|---------------------|--|---|--|--|--|--|
| ()             | was filed on _      | as US Applica  | as US Application Serial No. or PCT International Application     |  |  |  |  |
|                | Number              | and was amended  | on  | (if applicable).   |  |  |  |
| I hereby sta   | te that I have re   | viewed and understood the cont   | ents of the above-identif   | led specification, including the claims, as am   |  |  |  |
|                |                     |  |   | tion which is material to patentability as defi  |  |  |  |
| I hereby claim | foreign priority bo | laim of Foreign Priority<br>nefits under Title 35, United States Cod<br>eign application for patent or inventor(s) | to Section 119 of any foreign<br>certificate having a filing date | application(s) for patent or inventor(s) certificate listed<br>before that of the application on which priority is claim |  |  |  |
| CO             | UNTRY               | APPLICATION NUMBER   | DATE FILED  | PRIORITY CLAIMED UNDER 35 U.S.C. 11  |  |  |  |
|                |                     |  |   | YES: NO:   |  |  |  |
|                |                     |  |   | YES: NO:   |  |  |  |
| Provisional A  | pplication          |  |   |  |  |  |  |

| I hereby claim the benefit under | Title 35, United States Code Section | 119(e) of any United States pr | ovisional application(s) listed below |
|----------------------------------|--------------------------------------|--------------------------------|---------------------------------------|
|                                  |                                      |                                |                                       |

| APPLICATION SERIAL NUMBER | FILING DATE |
|---------------------------|-------------|
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|                           |             |
|                           | <del></del> |

U.S. Priority Claim

I hereby claim the benefit under Title 35. United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Se acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing prior application and the antional or PCT international filing date of this application:

| APPLICATION SERIAL NUMBER | FILING DATE | STATUS(putented/pending/abundoned) |
|---------------------------|-------------|------------------------------------|
|                           |             |                                    |
|                           |             |                                    |
|                           |             |                                    |

## POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Trademark Office connected therewith.

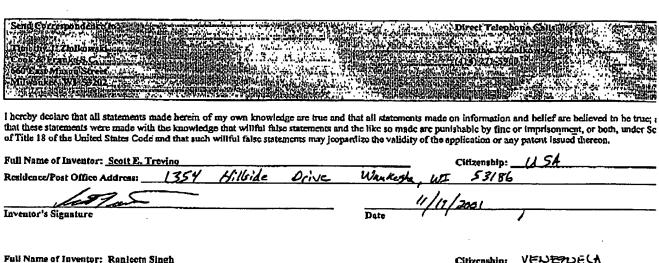
Timothy J. Ziolkowski, Reg. No. 38368 Joseph P. Fox, Reg. No. 41,760 J. Mark Wildnson, Reg. No. 48,865

along with the following registered attorneys and agents of GENERAL ELECTRIC COMPANY, 3000 North Grandview Boulevard, W-710, Waukeshs Wisconsin 53188:

Christian G. Cabou, Reg. No. 35,467 Michael A. Delia Penna, Reg. No. 45,697 Peter Vogel, Reg. No. 41,363

along with the following registered attorneys and agents of GENERAL ELECTRIC COMPANY, 3135 Easton Turnpike, W3C, Fairfield, Connecticut (

Jay L. Chaskin, Rey. No. 24,030 Ronald E. Myrick, Reg. No. 26,315 Henry J. Policinski, Reg. No. 26,621



|  | •                               |
|--|---------------------------------|
| Full Name of Inventor: Ranjectn Singh                    | Citizenship: VEいきむらく人           |
| Residence/Post Office Address: 1009 N. MARSHALL          | ST. #105. MILLUMUKET, LOI 53202 |
| Plunghoro  | 190901                          |
| Inventor's Signature                                     | Date                            |
|  |                                 |
| Full Name of Inventor: Josef Debbins                     | Citizenship: USA                |
| Residence/Post Office Address: 116 W. WABASH AUE.        | WALKESHA WE 53186               |
| hu   | 19 NOV 2001                     |
| inventor's Signature                                     | Date                            |
|  |                                 |
| Full Name of Inventor: Paul Lieato                       | Citizenship: USA                |
| Residence Post Office Address: 2602 N. 815 Street . Wave | utoja, WI 532/3                 |
| Tanl & Frish   | 11/19/200)                      |

Inventor's Signature